

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/617501

FILING DATE

APPLICANT(S)

4-26-04

CLAIMS

NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/				51				
2	/				52				
3	/				53				
4	/				54				
5	/				55				
6	/				56				
7	/				57				
8	/				58				
9	/				59				
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12	/				62				
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44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.	/	↓		↓	TOTAL IND.	↓		↓	↓
TOTAL DEP.	17	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	18				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS